

Dear Colleagues

Many important events are happening in our continent this last period.

First, on a general level, major changes are occurring in North-Africa, with the so called Arab Spring, bringing hopefully a transition towards more democracy and more respect of human rights, starting with our beloved children. Ivory Coast is progressively recovering after a long conflict. Unfortunately, Nigeria underwent some difficult moments after elections and Sudan has been split into two countries and the situation remains tense... These were just examples of situations where child and adolescent mental well being may have been facing serious challenges.

On a professional level, Africa will host this year the World Federation of Mental Health in South Africa and this country, elder brother for the other African countries, is preparing itself to host IACAPAP congress in 2014. Several opportunities for training in CAMH are occurring and facilities are being created or reinforced. Our president's editorial will give more details about these events.

This will be the flavour for the following contributions, mostly reporting on what some of our colleagues have achieved so far: Keith Kiriimi from South Africa, Birke Anbesse from Ethiopia, Tolulope Bella from Nigeria.

I wish you a pleasant time reading this newsletter and I thank all the contributors.

Naoufel Gaddour



CHILD AND ADOLESCENT MENTAL HEALTH: CHANGE HAS COME TO THE AFRICAN CONTINENT!



Olayinka Omigbodun

I recently had the opportunity to evaluate the impact of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) study groups on the African continent. In order to disseminate information for and foster training in child and adolescent mental health, in addition to having congresses, several publications and other educational initiatives, the IACAPAP has held study groups in several regions of the world starting with one held in Yugoslavia in 1972. During the last decade, IACAPAP concentrated its efforts in low and middle income countries.

Brian Robertson made the proposal for the study groups in Africa to IACAPAP and funding for this project was approved. After a careful search, eleven participants were selected from the north, east, west and south of Africa. The broad aim of the study group was to promote the development of effective and sustainable child and adolescent mental health (CAMH) care in Africa, while the specific objectives were to:

1. Provide advanced training in leadership and professional skills to a small, representative group of psychiatrists who are or will be responsible for developing CAMH care in Africa
2. Strengthen the personal commitment of this group of psychiatrists to actively working together to promote CAMH in Africa
3. Forge and strengthen collaborative links between this group of psychiatrists and local, national, regional and international colleagues

A 2007 IACAPAP study group was facilitated by five full-time faculty in Nairobi, Kenya: Brian Robertson, University of Cape Town, who led the team; Myron Belfer, Harvard University; Alan Flisher (of blessed memory), University of Cape Town; Rachel Kang'ethe, Upper Hill Medical Centre, Nairobi; and Olayinka Omigbodun (myself), University College Hospital, Ibadan & University of Ibadan, as co-leader. The team also included five part-time faculty: Pamela Collins, Columbia University, New York; Felicien Ntone-Enyime, World Federation for Mental Health (Cameroon); Preston Garrison, World Federation for Mental Health (Washington DC); Rachel Jenkins, King's College University, London; and Peter Ventevogel, Healthnet TPO, Burundi.

Another study group was held in Abuja, Nigeria in 2009 with the participation of more professionals including three from Francophone Africa. However, I will only write briefly about the progress of the participants from the 2007 study group.

Of the eleven participants, eight (72%) have taken on leadership roles in the field of CAMH in Africa; they have all had various degrees of additional training and have developed CAMH services in their home regions. Four years after this study group, the impact is significant and some of the participants have written about their personal experiences in this newsletter. Yonas Baheretibeb, a consultant psychiatrist, in Addis Ababa, Ethiopia proceeded on to a one-year training programme in Canada and has now returned to Ethiopia to head the department of Psychiatry at Addis Ababa University. Birke Anbesse, a consultant psychiatrist, from Addis Ababa, Ethiopia went to South Africa and has successfully completed her training as a child and adolescent psychiatrist and her remarkable story is in this newsletter. Monica Mucheru has started a clinic for children and adolescents with mental disorders in Nairobi, Kenya. Shehu Sale from Kano, Nigeria has completed a training programme in South Africa and we hope he will write about his experiences in another edition of the newsletter. Tolulope Bella received a World Psychiatric Association (WPA) fellowship award to study in Pittsburgh, USA and she also has written about her experiences in the

newsletter. Oluwayemi Ogun went for training through the Children's Hospital Boston, Global Partnerships in Psychiatry (CHGP) program and Keith Kirimi is close to completing his training in child and adolescent psychiatry in South Africa. Naoufel Gaddour from Tunisia, a trained child and adolescent psychiatrist is the secretary of the African Association for Child and Adolescent Mental Health (AACAMH) and newsletter editor. He is also very active in IACAPAP's programmes. These eight individuals are evidence that the objectives of the 2007 IACAPAP study group have been achieved.

More opportunities for training in the field of CAMH are now available on the African continent as the John D. and Catherine T. MacArthur Foundation has awarded a grant to the University of Ibadan, Nigeria to support the development of a Centre of Excellence in Child and Adolescent Mental Health. This centre will partner with world class CAMH centres in Asia, Europe, and North America:

1. Harvard Medical School through the Children's Hospital Global Partnerships in Psychiatry at Children's Hospital Boston (CHB), an affiliate, USA
2. Boston University through the Section of Child and Adolescent Psychiatry at Boston Medical Center (BMC), an affiliate, USA
3. Sangath, a non-governmental organisation in Goa, India
4. Imperial College London, through the Academic Unit of Child and Adolescent Psychiatry, UK

In addition West African universities within and outside Nigeria will partner with and receive support through the programmes to be offered by this centre. They include:

1. Ahmadu Bello University, Nigeria
2. University of Jos, Nigeria
3. University of Sierra Leone, Sierra Leone
4. Kwame Nkrumah University of Science & Technology, Kumasi, Ghana

This Centre for Excellence in Child and Adolescent Mental Health will provide programmes with training, research and service components.

Training is a powerful tool for change, therefore for Child and Adolescent Mental Health, Change has come to the Continent!

As we observe the wind of change in CAMH sweeping across the African continent, please let us remember The International Day of the African Child on Thursday this week. In 1991, the Organisation of African Unity made a decision to set this day aside to honour the thousands of black school children who took to the streets of Soweto, South Africa on June 16, 1976 to protest the inferior quality of their education and to demand the right to be taught in their native language. Hundreds of young boys and girls were shot and killed by security forces. This day helps to draw attention to the struggles of African children today. This year, the focus is on the plight of an estimated 30 million 'street children' on the continent. The theme is "All together for urgent action in favour of street children". As CAMH scholars and professionals, we need to increase the awareness of the health as well as the lesser known mental health implications of living on the street. We must proclaim the right of every child to be cared for, to be safe, to be educated, to be heard and to live in an environment that is conducive to mental health. To succeed in this advocacy process, it is incumbent upon us to share our knowledge, attitudes and skills with others so that there is no shortage of adequately trained CAMH professionals because CAMH professionals will be the prime movers for the promotion of mental health.

Olayinka Omigbodun

Please visit IACAPAP's website at www.iacapap.org. We hope to see you at the IACAPAP 2012 Paris Congress from July 21-25, 2012. The webpage address is www.colloquium.eu/site/-Home-page-.

**MY JOURNEY IN THE FIELD OF
CHILD AND ADOLESCENT
MENTAL HEALTH, INCLUDING SUB-
SPECIALTY TRAINING IN CHILD AND
ADOLESCENT PSYCHIATRY.**



Birke Anbesse Hurrissa

I took the initiative to write this short article about my journey in child and adolescent mental health with great pleasure and with the hope that it would encourage some of my colleagues, especially young professionals working in or planning to study in the field of child and adolescent mental health (CAMH).

My experience in the field of child and adolescent mental health before my subspecialty training : After some years of experience as a general medical practitioner I joined the first batch of post graduate trainees in psychiatry at the Department of Psychiatry in the Faculty of Medicine at Addis Ababa University, Ethiopia. At that time the total number of psychiatrists in our country was around eleven, with none trained in Child and Adolescent Psychiatry (CAP). In 2006 I graduated as the first female psychiatrist in Ethiopia. As there was a great need for starting a CAMH service in the country, I was assigned to work in the child psychiatry outpatients department at St Paul's Hospital in Addis Ababa.

This was one of the hardest times in my working experience, but there was strong back up from the Department of Psychiatry, so with that, I was really encouraged to be one of the pioneers to establish the CAMH service in the country even though I was not yet qualified as a child and adolescent psychiatrist.

It was during this time that Emeritus Professor Brian Robertson, Child and Adolescent Psychiatrist at University of Cape Town, South Africa, was invited to visit Ethiopia, and he made a great contribution in guiding us about how to develop the service. Following this my colleague Dr Yonas Baheretibeb (subsequently trained in child and adolescent psychiatry in Toronto, Canada) and I were invited to participate in the IACAPAP Study Group held in Nairobi Kenya in 2007.

This was the first time that we shared experiences with different colleagues in Africa, and our eyes were opened. It helped us to establish child and adolescent mental health units in a more organized way. During this time we started also to network with different non- governmental and governmental organizations working with children in Ethiopia (schools, Save the Children, UNICEF, Pediatric departments at different hospitals, the Ministry of Education and the Ministry of Health). We also invited these organizations including representatives of the media to workshops to create awareness. We launched the starting of child and adolescent mental health units at two of the hospitals in Addis Ababa. During this time increasing numbers of children and adolescents were brought to our units seeking help, and we started to realize that there were large numbers of children and adolescents in our country who were suffering from a variety of mental health problems.

In the mean time the Ministry of Health of our country realized the need for child and adolescent psychiatrists and with the help of the Department of Psychiatry at Addis Ababa University started to look for possible subspecialty training in child and adolescent psychiatry.

I will always remember the great efforts and support of Professors Brian Robertson and Alan Flisher (who, as we all know was the former Head of the Division of Child and Adolescent Psychiatry at the University of Cape Town and passed away tragically in April 2010) in facilitating my being accepted for sub specialty training at the University of Cape town.

My training experience at the University of Cape Town: I started my training in November 2008. At first I was not supposed to take my two children with me to Cape Town (who were 7 and 9 years of age), but although it may seem a bit strange, being a single Mom and then deciding to take them with me after all, I had great determination, and full confidence that God would help me.

From the beginning till I finished my training Professors Robertson and Flisher and their families kept in close contact with us, and I would like to take this opportunity to thank them for their day to day support during our stay in Cape Town. We really felt as if we were home for the past two years.

My training took place at the Red Cross Children's Hospital (the biggest children's hospital in Africa) at the Division of Child and Adolescent Psychiatry where Prof Flisher was Head. I will never forget the way Prof Flisher supervised and supported me in my training. He was the one who advised me rather than doing the College Certificate in Child and Adolescent Psychiatry only, it would be better to do it as part of an MPhil Degree in Child and Adolescent Psychiatry. So I started to prepare the proposal for my dissertation soon after starting my clinical training. When any one asked Prof Flisher about research it was really at the tip of his finger, so I was really lucky to have him during my training period even though it was a big loss for all of us when he died. He laid strong foundations for CAMH in our continent and for us young child and adolescent psychiatrists, his life and work will always be an example for us to follow.

In general my two year training programme involved clinical, theoretical and research aspects of child and adolescent mental health. I was very blessed during my training time to be able to get wonderful training experiences from skilled supervisors. At the end of my training I had to prepare myself for the Colleges of Medicine, South Africa, written and oral exams to get the subspecialty Certificate in Child and Adolescent Psychiatry and that was a time when I needed to work very long and hard. Luckily I passed all the college exams the first time and qualified as a child and adolescent psychiatrist in October 2010.

Following this, in December 2010 I finished and submitted my dissertation for my MPhil Degree in Child and Adolescent Psychiatry to the University of Cape Town. Recently I received a message from the University of Cape Town that my dissertation was passed, and that probably I will be awarded my MPhil degree in Child and Adolescent Psychiatry in June 2011 after making some minor changes to the dissertation.

Since returning to my country I have continued to work in the child and adolescent mental health unit at St Paul's Hospital, and meantime the hospital has also become a Medical College. This unit was one of the first CAMH units established in our country. Subsequently there is a similar unit in another hospital.

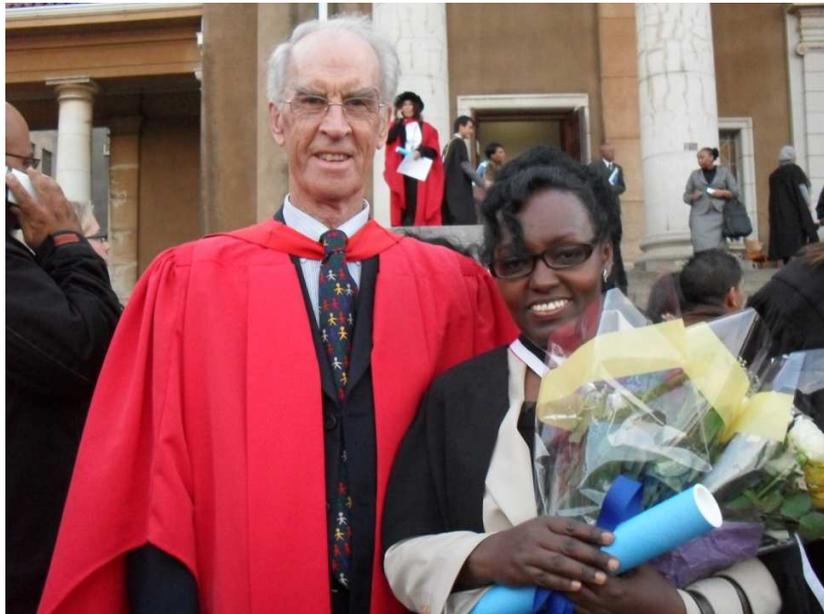
Some of the aims and future plans of the CAMH units in Ethiopia: Currently we are only two child and adolescent psychiatrists for the whole country. Apart from our day to day clinical and teaching program, some of the plans of the child and adolescent mental health units in our country are as follows

1. Strengthening existing CAMH units
2. To establish similar units in different parts of our country
3. Creating strong networking with other organizations (schools and other relevant organizations working with children and adolescents)
4. Networking and sharing skills and experiences with other child and adolescent mental health units in Africa and in different parts of the world.
5. To establish research projects.
6. To create greater awareness of CAMH by educating society, students and different health professions and teachers.
7. Opening inpatient services, and in the long term to establish the unit at a departmental level, and start to training child and adolescent psychiatrists by collaborating with CAMH units in different part of the world

Having said all this, we are still at the foundation level of child and adolescent mental health services in our country. We strongly believe that all CAMH professionals and allied professionals should work together for a better generation of children and adolescents worldwide, so my final message is: “Let’s work together”!!

Thank you so much for inviting to write this short article!!

Dr Birke Anbesse Hurrissa, (MD)
Assistant Professor
Child and Adolescent Mental Health Unit
Department of Psychiatry
St Paul’s Hospital and Medical College
Addis Ababa, Ethiopia



Birke has now had her Master’s Thesis accepted, so she will graduate in June at the University of Cape Town with an M.Phil (Child and Adolescent Psychiatry). Double Congratulations, Birke! (Here with Professor Brian Robertson)

MY JOURNEY SO FAR:

On the 16th of February, 2011, I received an e-mail from Prof Mkize that made me jump, scream and smile; all at the same time! It was confirmation from the President of the College of Psychiatrists (SA) that my training was adequate and that I may sit for the College examinations in Child Psychiatry during September and October of 2011. This to me was the culmination; the coming together of all the activities of the last 4 years.



Keith Kiriimi

My journey begins in earnest with the invitation to attend the 2007 IACAPAP Study Group for Psychiatrists working in poor regions of Africa in Nairobi, Kenya. It is the most inspiring experience which stands out a mile for my budding career as a child Psychiatrist. The international Faculty consisting of Profs Belfer, Robertson, Flisher, Omigbodun and other co opted members, put together a presentation that ignited a passion for Child Psychiatry that has continued to glow with increasing intensity inside me. The Norman Sartorius leadership course with all its motivational speakers like Prof Gureje and Dr Njenga left me in no doubt that I will succeed.

I was nominated to participate in the program by virtue of being a Psychiatrist practicing in a disadvantaged poor region of Africa. I include here a real picture of how a referral to our budding Child clinic starts in a rural area called Kuruman in the Northern Cape Province.

West end Hospital, the referral Psychiatry hospital in the Northern Cape now has a child Psychiatry clinic with a vibrant multidisciplinary team comprising of a social worker, occupational therapist, psychologist, professional nurse, medical officer and a budding child psychiatrist! A team clinical meeting once every week, an increasing number of patients and a x20bed inpatient unit to be opened in next 12 months are some of our achievements. The Unit is supported by the University of the Free State child Psychiatry Department.

Most of our staff including myself have been trained by Prof B. Robertson. Prof B. Robertson has also provided some invaluable in-service training to our team, with his visit to our Province being such a revival and motivating experience for me and my team in Child Psychiatry.

My part-time training commenced officially on the 01/11/2009. The Health Professions Council of SA (our local statutory registration authority) recognized my part-time training which not only includes the clinical tutorials at the University of the Free state but other activities organized by IACAPAP such as;

- IACAPAP Congress in Istanbul Turkey in 2008.
- Abuja study Group in 2009
- IACAPAP Congress in 2010

I am into the last 6months of my training which culminates in the College Examinations. I have a good mentor in Prof Nichol at the University of the Free State. I am asking for your good will to push through the last few months and obviously to successfully negotiate the written and oral examinations that come in September and October this year.

Thank you IACAPAP!



Dr Keith Kiriimi, (Head of Psychiatry, Northern Cape Department of Health), MBCHB, FCPsych(SA), MBA, (Budding Child Psychiatrist)

**TRAINING IN CHILD AND ADOLESCENT
PSYCHIATRY AT THE UNIVERSITY OF
PITTSBURGH**



Tolulope Bella

The World Psychiatric Association as part of its Action Plan for 2008-2011 launched a research fellowship programme for early-career psychiatrists from low and lower-middle income countries in collaboration with internationally recognized Centres of Excellence in Psychiatry. Through this programme I applied, and was accepted to train in child and adolescent psychiatry at the University Of Pittsburgh Medical Centre from the 1st of January 2010 for a period of 12 months.

The fellowship gave me the opportunity to work with children and adolescents in a variety of hospital and community based settings: in- and outpatient clinics, partial hospitalization, early childhood programs, crises centres, and developmental units. I was exposed to important evidence- based psycho-social treatments such as Cognitive Behavioural Therapy and Interpersonal Psychotherapy which are often neglected in my part of the world. Working as part of a multidisciplinary team, and building research activities into clinical work were additional invaluable experiences.



Pittsburgh

This training opportunity helped me improve in the skills needed for interviewing and working with young people, broadened my knowledge on the set up and workings of mental health services for young people, and the resources needed to facilitate these. Although some of the mental health issues among young people in the western world are quite different from those in the developing world, there are several areas of overlap. My eyes were opened to deficiencies in our knowledge of the mental health concerns of young people in my country and most of the developing world, as well as the need for evidence based practices. I am working to disseminate what I learnt in the course of my training, and to forge collaborations to improve mental health care for all African youth.

Tolulope Bella MD

THE REVOLUTION IN TUNISIA

IMPACT ON CHILDREN

Naoufel Gaddour

The excitement of taking part in a historic change, even if children did not completely understand its magnitude, has clearly been a protective factor.

Tunisia is undergoing a power shift, from adults to young people.

Tunisia is the first Arab country to have experienced a “democratic revolution”. Growing protests and unrest from mid-December 2010 forced President Ben Ali to leave the country in January 14, 2011, with the whole political system undergoing major changes. It was a surprise for foreigners, who probably thought that Tunisia was one of the most socially and economically advanced countries in that region, to learn about the magnitude of corruption and despotism that had taken root in the previous two decades.

There are over 200 psychiatrists and around 30 child and adolescent psychiatrists for the more than 10 million inhabitants of Tunisia. The National Congress of Research in Psychiatry (March 12, 2011) was the first psychiatric conference after these events. Despite the short time elapsed, nearly one third of the 200 presentations dealt with the mental health impact of the revolution. Most of the studies in child and adolescent mental health used a descriptive, cross sectional design, relying on checklists and questionnaires, either internationally used (like the Impact of Events Scale), PTSD-related scales, or questionnaires specifically developed for the study. Study populations were generally drawn from schools or community settings but some researchers used samples from pediatric clinics, child psychiatry services, or children living in institutional care.

What came out of these pilot studies may be summarized as follows:

- Direct exposure of children to traumatic events and situations was rare. Incidents occurred mostly during the winter holidays that were prolonged to prevent harm to children. Initially some 200 people were killed mainly in disadvantaged inner-city areas. Later on protests extended to the political situation and economic corruption and generalized to the whole country leading to the departure of the President. Some children witnessed scenes of destruction like the burning of public administration buildings, stores and, especially, police stations and cars.
- Some vulnerable children displayed psychological symptoms such as avoidance, repetitive thoughts and nightmares, separation anxiety and generalized anxiety. The traumatic events more often reported related to the sound of helicopters and to violent scenes spread through social networks on the Internet.
- The impact of the Internet was considerable and brought a new kind of challenge for practitioners. Access to the web is relatively widespread in Tunisia and one could be forgiven to think that broadcasting the event often became more important than the event itself. Many children and adolescents became front line reporters thanks to their cell phones and there was a rush to record



Popular Facebook images before and after January 14

incidents, even in dangerous situations. Some observers were surprised to find that many young people considered of higher priority to record assaults than to assist the victims. This “mirror” phenomenon led young people to perform heroic exploits knowing that their actions would be broadcast everywhere. As access to the normal channels of information was very difficult, television news relied on YouTube and Facebook. It was exciting for children to see themselves on Aljazeera or other news channels. For children who had some symptoms, the traumatic factor was often related to the Internet: children obsessed with a particularly “gory” image (e.g., in a Facebook account) or auditory hallucinations related to imagined pirating of home Wi-Fi networks.



- One factor associated with resiliency was belonging to a large popular movement and seeing the traumatic incidents through the prism of a positive symbol: revolution against corruption and dictatorship. The excitement of taking part in a historic change, even if children did not completely understand its magnitude, has clearly been a protective factor.
- The Tunisian revolution was made by young people and children participated in the demonstrations. The French cry *Dégage!* (Go away!) – referring to the President and his corrupted relatives – became its symbol. As a consequence Tunisia is undergoing a power shift, from adults to young people: “You could not do it; we did it!” This situation has been particularly serious in some high schools where pupils confronted some of their unpopular teachers with the symbolic *Dégage!*
- The revolution in Tunisia restored some moral values that had been undermined. For many children, confused by witnessing rule-breaking and paradoxes (e.g., to see their father bribing a policeman to avoid a fine, to receive a bad mark in an exam just because not attending teachers’ private tuition), revolution meant the restoration of moral values and the value of belonging to a group. Many were spontaneously leading civic actions like cleaning the streets and rebuilding.
- District protection committees, which were organized in the days that followed the departure of the President to fight vandalism in the context of a lack of police presence (accused of being allied to the old regime), provided a particularly positive experience for many children. Many participated holding rudimentary weapons such as sticks and sitting together with adults all night long at the entry to districts, checking identity papers and collaborating with the army to catch thieves and escaped prisoners.

In conclusion, exposure to the revolution in Tunisia was a major experience for children and adolescents, and despite some psychopathology related to traumas, the positive symbol of this transition was important and played a probable role in resiliency and positive identity formation.

Naoufel Gaddour MD
University of Monastir, Tunisia

With special thanks to Dr Joe Rey for editing this paper and accepting it for the IACAPAP Bulletin

SHORT CAMH NEWS FROM AFRICA



Moroccan Association of Child and Adolescent Psychiatry and Allied Professions, is organizing its second congress in October 14-15, 2011 in Casablanca: “**Behavioural disorders in children**”. This event occurs after our friend and colleague Ghizlane Benjelloun joined with success the university by passing the assistant professor degree in CAP, the first CAP university degree in Morocco.



Congratulations to Dr Shehu Sale of Kano, Nigeria, who was successful in the recent Child and Adolescent Psychiatry examination of the College of Psychiatry of South Africa. Dr Shehu completed the mandatory two year postgraduate child and adolescent psychiatry training programme at the University of Cape Town prior to taking the examination. Dr Shehu is returning to Kano, where he plans to start a Child and Adolescent Psychiatry Unit.



(Submitted by Professor Brian Robertson)

Africa in IACAPAP Bulletin

The International Association for Child and Adolescent Psychiatry and Allied Professionals’ bulletin edition for June 2011 came with at least 2 topics related to Africa:

- A report on a training in CAP organized last October in Ibadan, by the West African College of Physicians in partnership with the Royal College of Psychiatrists (UK)
- The story of a partnership between the Yale Child Study Center and Egypt regarding autism spectrum disorders



African participation to ESCAP Congress in Helsinki

The 14th congress of the European Society for Child and Adolescent Psychiatry is taking place in Helsinki this year. Africa is represented, but we hope this participation will be more important in IACAPAP congress next year in Paris. Among African participants, we can cite an important delegation from Egypt (Drs Ola Shahin, Omneya Ibrahim, Yosra Seliem (posters on autism), Dr Mohamed Hamouda (poster on psychiatric morbidity in an orphanage) and Dr Souad Moussa (oral presentation on psychiatric morbidity in epilepsy). Tunisia was represented by Dr Naoufel Gaddour (poster on links between autism and schizotypal traits in parents), Uganda was represented by Dr Geoffrey Okoth (oral presentation on children living in slums), and Nigeria by Drs Joshua Olatinwo (poster on tobacco and child abuse), and of course by Dr Olayinka Omigbodun who participated as president of IACAPAP to symposia on the future of CAP and impact of trainings in Africa. There was a planned participation from South Africa, our colleague probably could not join.

**14th International Congress of ESCAP
European Society for Child and Adolescent Psychiatry
11-15 June 2011, Finlandia Hall, Helsinki, Finland**

Don't forget the next IACAPAP congress in Paris

www.iacapap2012.org





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- **Professor Kamaldeep Bhui**, Wolfson Institute of Preventive Medicine, London: **The Margaret Mead Lecture:** "Migration, Acculturation, Mental Health and Wellbeing"
- **Dr Marianne Farkas**, Center for Psychiatric Rehabilitation, Boston University: "Recovery from Mental Illnesses: An Imperative, with or without Resources"
- **Ms Janet Amegatcher**, Pan-African Network of Users and Survivors of Psychiatry, Ghana: **The Consumers' Lecture:** "Stigma and Discrimination: Advocacy for Worldview Change"
- **Professor Pumla Gobodo-Madikizela**, Department of Psychology, University of Cape Town: **The Mary Hemingway-Rees Lecture:** "Forgiveness and the Maternal body: Exploring an African Ethics of Interconnectedness."
- **Dr Tsuyoshi Akiyama**, The Japanese Society of Psychiatry and Neurology Tohoku-Pacific Ocean Earthquake Disaster Response Operations Centre: "The East Japan Disaster: 11.03.2011"
- **Professor Joop de Jong**, University Medical Center, Vrije University, Amsterdam: "Public Mental Health: The Royal Road to Address the Treatment Gap in Africa"
- **Mr Tony Fowke**, President, WFMH: "Carers: Who are they and how can they be Involved?"
- **Professor Stevan Hobfoll**, Rush Medical College, Chicago: "Resiliency in the Face of Terrorism and Mass Casualty: Keys to our understanding of Thriving, Surviving, and Making it to the Next Day"
- **Dr Lucie Cluver**, Oxford University and Cape Town Child Welfare Society: "The Hidden Epidemic: Psychological Impacts of HIV on Children in Sub-Saharan Africa"
- **Dr Marlene Wasserman**, Sexual Health Centre, Cape Town: "Transgender: Mental or Medical Illness? A Discussion from the DSM IV-TR to the Proposed DSM V."
- **Mr Giles White**, Group General Counsel of the Jardine Matheson Group, Hong Kong: "Private Sector's Role in Mental Health – MINDSET's Experience"
- **Professor Charles Parry**, Medical Research Council, South Africa: "Responding to the Threat of HIV among Persons with Mental Illness and Substance Abuse"